

FIRST AND ONLY GLP-1 RA indicated in combination with an SGLT2i^{1*}



Trulicity[®] AWARD-10 study

Dulaglutide as add-on therapy to SGLT2 inhibitors in patients with inadequately controlled type 2 diabetes: a 24-week, randomized, double-blind, placebo-controlled trial

Demonstrated to improve glycemic control^{2*}

Trulicity is indicated for the once-weekly treatment of adult patients with type 2 diabetes mellitus to improve glycemic control, in combination with:

- diet and exercise in patients for whom metformin is inappropriate due to contraindication or intolerance.
- metformin, when diet and exercise plus maximal tolerated dose of metformin do not achieve adequate glycemic control.
- metformin and a sulfonylurea, when diet and exercise plus dual therapy with metformin and a sulfonylurea do not achieve adequate glycemic control.
- sodium glucose co-transporter 2 inhibitor (SGLT2i) with metformin, when diet and exercise plus SGLT2i with or without metformin do not achieve adequate glycemic control.
- basal insulin with metformin, when diet and exercise plus basal insulin with or without metformin do not achieve adequate glycemic control.
- prandial insulin with metformin, when diet and exercise plus basal or basal-bolus insulin therapy (up to two injections of basal or basal plus prandial insulin per day) with or without oral antihyperglycemic medications, do not achieve adequate glycemic control.

GLP-1 RA=glucagon-like peptide-1 receptor agonist; SGLT2i=sodium glucose co-transporter 2 inhibitor. * Comparative clinical significance has not been established.



Leanne is working with her health care provider to lower her A1c*

Leanne

Hospital administrator 58 years old Type 2 diabetes diagnosed 9 years ago



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Currently taking metformin 1500 mg/day empagliflozin 25 mg/day



A1c: 8.0% at the past two visits



BMI: 32 kg/m^{2†}

Exercises once or twice a week

Leanne is unsure about the next step in her diabetes treatment.

Fictitious patient profile. May not be representative of all patients.
Trulicity is not indicated for weight loss.

Help improve glycemic control in your patients on an SGLT2i with Trulicity²

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In the AWARD-10 trial patients receiving Trulicity 1.5 mg (+ SGLT2i ± metformin)

- Demonstrated mean A1c reduction of up to 1.3%
 - 67% of patients achieved an A1c <7%

A ready-to-use pen^{2*}

- Start a therapeutic dose of 0.75 mg once weekly
 - Shown to be easy to learn and easy to use
 - Convenient, once-weekly dosing

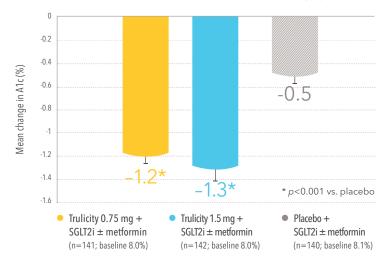


* Comparative clinical significance has not been established.

Trulicity demonstrated superior A1c reduction vs. placebo

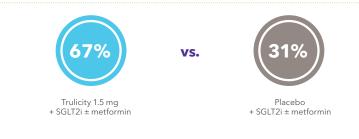
(both + SGLT2i ± metformin).^{2*}

A1c reduction from baseline at Week 24, intent-to-treat population



Adapted from Product Monograph.

Proportion of patients achieving A1c <7% at 24 weeks



* 24-week, phase 3, multicentre, randomized, parallel-arm, double-blind, placebo-controlled trial. Patients were randomized and received Trulicity 0.75 mg or 1.5 mg once weekly or placebo once weekly, all as add-on to an SGLT2i ± metformin.

Could Trulicity change the way Leanne thinks about starting a new treatment?²



START a therapeutic dose of 0.75 mg once weekly



Can be taken at any time of day, independent of meals



Easy to learn and easy to use



Once-weekly dosing



Available in single-dose, ready-to-use pens^{2*}

- The dose is premixed and each pen contains one dose of Trulicity[†]
- Pre-attached, hidden needle
- Automatic dose delivery at the press of a button*

Available in two doses

* Clinical significance has not been demonstrated. † The pen is a disposable, prefilled delivery device.

Each pen is a disposable, prefilled delivery device. Each pen contains one weekly dose of Trulicity and is for one-time use only.

Clinical use:

Trulicity is not a substitute for insulin. Trulicity should not be used in patients with type 1 diabetes mellitus or for the treatment of diabetic ketoacidosis.

Contraindications:

- Patients with a personal or family history of medullary thyroid carcinoma or in patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- Pregnant and nursing women

Most serious warnings and precautions:

Risk of thyroid C-cell tumors: In male and female rats, dulaglutide causes dose-dependent and treatment duration-dependent thyroid C-cell tumors after lifetime exposure. Patients should be counseled regarding the risk and symptoms of thyroid tumors.

Other relevant warnings and precautions:

- Heart rate increase
- Prolongation of PR interval
- Hypoglycemia (in combination with an insulin secretagogue or insulin)
- Severe gastrointestinal disease
- Pancreatitis
- Systemic hypersensitivity, including postmarketing reports of serious reactions (e.g., anaphylactic reactions and angioedema)
- Nausea, vomiting and diarrhea can lead to dehydration. It is important to avoid dehydration which can cause serious kidney problems even in people with normal kidney function
- Not studied in pediatric patients
- No dose adjustment required in patients over 65 years of age
- Hepatic or renal impairment
- Recent myocardial infarction, unstable angina and congestive heart failure

For more information:

Please consult the product monograph at www.lilly.ca/TrulicityPM/en for important information relating to adverse reactions, drug interactions, and dosing information which have not been discussed in this piece. The product monograph is also available by calling us at 1-888-545-5972.

References: 1. Eli Lilly Canada Inc. Data on file. **2.** Trulicity Product Monograph. Eli Lilly Canada Inc. August 15, 2019. **3.** Ludvik B, *et al.* Dulaglutide as add-on therapy to SGLT2 inhibitors in patients with inadequately controlled type 2 diabetes (AWARD-10): a 24-week, randomised, double-blind, placebo-controlled trial. *Lancet Diabetes Endo* 2018;6:370-81.

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